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Chief Executive Officer/

Chef de la direction

Carolyn Pullen

April 1, 2021

Dear Health Leaders and Decision-Makers,

RE: Urgent need to rapidly fully vaccinate health care workers in hospitals

United as members of the Canadian Cardiovascular Society (CCS), we, the undersigned, represent the national leadership in cardiovascular care in Canada. This includes 11 national cardiac care subspecialty Societies and the Division Chiefs of Cardiology/Cardiac Surgery for major hospitals in Canada. Collectively, we are responsible for the oversight of the medical and procedural aspects of hospital cardiac care across the country. We are writing to you in your capacity as ministry of health and public leaders in Canada and its provinces and territories.

We applaud the recent acceleration of vaccination of vulnerable populations and continued emphasis on preventive public health measures to reduce the spread of the COVID-19.

However, we are deeply concerned regarding the shift in policy whereby there is now an unprecedented 4 months delay in the 2nd dose of vaccines (off-label for Pfizer and Moderna mRNA vaccines).

We are particularly concerned with the incomplete vaccination of health care workers (HCWs) including patient-facing Nurses, Technologists, PSWs, Porters, and Physicians who see patients every day, as well as key hospital support staff including housekeepers and food service workers who routinely interface with the health care team and patients. These groups have direct contact with COVID patients and their contacts every day – they are our “front-line of defence”.

Recent data from the New England Journal of Medicine demonstrates the profound effect of the timely administration of the 2nd dose of vaccine. One dose dropped rates by 30% whereas the 2nd dose dropped COVID infection rates by 98%¹.

Other emerging data suggest that the delays in mRNA vaccines, which represents off-label use of these vaccines:

- i) lead to inadequate immunization
- ii) may paradoxically increase the risk of variant spread

¹ W. Daniel, M. Nivet, J. Warner and D. Podolsky, Early Evidence of the Effect of SARS-CoV-2 Vaccine at One Medical Center, *The New England Journal of Medicine*, UTSMC, 2021.

- iii) may exacerbate vaccine hesitancy (due to infections after one dose leading to lack of confidence in effectiveness).

Outbreaks are emerging throughout hospitals in this 3rd wave. The vast majority of patient-facing health care workers and key support staff in many provinces are not fully vaccinated, and some of those with incomplete vaccination have become infected with the SARS-CoV-2 virus. These outbreak situations and the general intensity of COVID-19 in hospitals not only put patients and HCWs at risk for COVID but also put patients at risk from their cardiac (and other non-COVID disease) conditions (i.e., a dual threat). Furthermore, this puts extreme strains on hospitals to deliver care for both COVID and non-COVID illness. Indeed, many hospitals face crisis situations where they can no longer deliver cardiac (or other) services or are perilously close to this point. Some have been forced to close doors to accepting patients. Urgent and needed procedures are being delayed – patient lives are at risk. We all closely follow daily counts of COVID cases but lost in these daily counts are the deaths and morbidity suffered by patients with heart disease and other illnesses due to the strains on service delivery and the delays and access to care that result.

We fear that our Public Health Organizations and Governments have underestimated the negative impact of incomplete vaccination on the health care work force which has a direct negative effect on the health of Canadians from both COVID and non-COVID related illness.

A related concern is vaccine hesitancy which may be compounded by infection that occurs as a result of delayed dosing. Strict measures are needed to ensure the highest possible HCW adherence to the vaccine with limited medically documented exemptions.

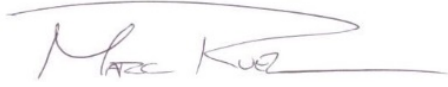
We all agree that vulnerable populations should be vaccinated as soon as possible and that public health preventive measures are key even with vaccination; but protecting HCWs has the compounded benefit of protecting the public from both COVID and non-COVID illness and keeping hospitals and LTC facilities less vulnerable to outbreaks.

We, as the cardiovascular care leaders in Canada, strongly support timely vaccination of our vulnerable populations and on behalf of cardiac health care workers and our patients, strongly urge federal and provincial Ministries of Health and Public Health Leaders to reclassify high volume patient-facing HCWs and key hospital support staff among those groups who qualify as exceptions to the 4 month 2nd dose delay, so as to enable them to get 2nd dose no more than 2 months after the 1st dose; and also to ensure strict adherence to vaccination. These measures would enable the highest level of protection so that HCWs can serve the public good to treat COVID and non-COVID related illness including cardiac disease.

Thank you for your timely consideration of this urgent matter.

Respectfully,


CCS President, Chiefs of Cardiology, and CCS Affiliate Presidents



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